Travel Request
Checklist *

Name: _____   Department: _____

Travel
Dates: _____   Kronos Number: _____   Purpose of Travel: _____

Prior to Travel

_____ Travel Request submitted to Dept. Head/Budget Authority at least 10 days prior to travel

_____ Justification memo (purpose of travel) included with supervisor's and Dept. Head/
Budget Authority approval

_____ Backup documentation substantiating estimated expense included, if applicable, for the following:

   _____ Airfare (Airline estimate printout)

   _____ Rental vehicle (Car rental estimate printout)

   _____ Personal vehicle (Incluce calculation of miles x the current IRS rate and supporting documentation-MapQuest
   provides total mies of travel)

   _____ Gasoline (include calculation-MapQuest provides total miles of travel and estimated fuel)

   _____ Mileage Rate (include calculation for City vehicle or personal vehicle)

   _____ Shuttle/Taxi (Company estimate calculation printout Shuttle of Taxi service)

   _____ Lodging (Hotel estimate printout)

   _____ Meals & incidental (GSA rates followed and include schedule of daily allowance)

   _____ Registration and copy of Agenda (Data and time of training)

   _____ Travel expenses to be paid by another agency (Provide brief explanation) _____
   _____

Other (Please specify, for example, parking fees, baggage fees)
_____
_____
_____
_____

Comments: _____
_____
_____

Preparer: _____   _____   _____
          Print Name   Signature   Date

Reviewer: _____   _____   _____
          Print Name   Signature   Date

After Travel

_____ Travel Reconciliation submitted to Dept. Head/Budget Authority within 5 days after travel

_____ Copy of original Travel Request

_____ Backup documentation for actual expense included, if applicable (receipts), for the following

   _____ Airfare (Itemized receipt)

   _____ Rental vehicle (Itemized receipt)

   _____ Gasoline (Itemized Receipts)

   _____ Shuttle/Taxi (Itemized Receipts)

   _____ Lodging (Itemized receipt)

   _____ Meals & Incidental (Receipts not necessary if traveler received per diem allowance)

   _____ Registration (Itemized receipt)

   _____ Copy of check or advice for traveler's advance

   Other (please specify)
   _____

Comments: _____
_____

Preparer: _____   _____   _____
          Print Name   Signature   Date

Reviewer: _____   _____   _____
          Print Name   Signature   Date

* Travel Request will be returned to department if documentation is missing or does not match amounts per Travel Request   Rev 07/20/21